

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B22003771	10/05/2022

Description of Work
SFD/ INTERIOR ALTERATIONS TO FIRST FLOOR TO INCLUDE REMODEL MASTER BATH, NEW CLOSET FOR BEDROOM #1, CREATE NEW FULL BATH ADJACENT TO BEDROOM #2, CONVERT BEDROOM #3 TO OFFICE APX 245 SQ FT.

[check spelling](#)

Address * (This section is required.)

Search	Reset	Clear	Get Parcel & Owner			
Street #	Street Name	Street Type				
3420	SHADY	LN				
Unit Type	Unit #	X Coordinate	Y Coordinate			
--Select--		-77.01863	39.27654			
City	State	Zip Code	Primary			
GLENWOOD	MD	21738	Yes			

On hold, site visit required.

9/8 11/2/22

Site visit conducted.

Parcel * (This section is required.)

Search	Reset	Clear	Get Address & Owner			
GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
896476	128	1.02	245200	460000	214800	RURAL
Legal Description						
IMPSLOT 5 BLK B 1.020 A[]3420 SHADY LN[]WARFIELD ESTATES S 2						

9/8 11/4/22

Approved.

9/8 11/7/22

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
B	5	605601	5				
Plan Area	State Tax Id		Subdivision Name				
	1404330331		WARFIELD ESTATES				
Section	Area		Tax Map				
			21				
Grid	Zoning District		ADC Map				
21-5	RR-DEO		4812-G6				
SDP No.	Final Plan No.		WP File No.				
	F-98-076						
Record Plat No.	WS Contract No.		FDP No.		Primary		
18 76					Yes		
Owner Occupied	Year Built		Historic District				
<input type="radio"/> Yes <input type="radio"/> No	1971		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Historic District Registry No.	Stat Area		Flood Plain				
	4-09		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Building No							

Owner (This section is not required.)

Search	Reset	Clear
Name *		
Diana McAuliffe		
Address Line 1		
3420 SHADY LN		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
GLENWOOD	MD	21738
Phone	Primary	
775-870-8110	Yes	
E-mail		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search	Reset	Clear
License # *		
08010141215		
Business Name		
THREE BROTHERS SERVICES LLC		

License Type *
MHIC Ind
Primary
Yes

First Name
KAROLIN
Address Line 1
12202 AMBLEWOOD DRIVE
Address Line 2

Middle Name

Last Name
GUZMAN

City
LAUREL
Phone 1
0000000000
E-mail

State
MD
Phone 2
Fax
0000000000

ZIP Code
20708-0000

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *
Applicant
Relationship
--Select--
Primary
No

First Name
Saul
Full Name
Saul Fernandez
Organization Name
Three Brothers Services LLC
Street Address
12202 Amblewood Dr
Address Line 2

MI

Last Name
Fernandez

City
Laurel
Phone
240-533-1099
E-mail *
saul.fdez08@gmail.com

State
MD
Zip Code
20708

Cell
Fax

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type
Contact
Relationship
Licensed Professional
Primary
Yes

First Name
Saul
Full Name
Saul Fernandez
Organization Name
Three Brothers Services LLC
Street Address
12202 Amblewood Dr
Address Line 2

MI

Last Name
Fernandez

City
Laurel
Phone
240-533-1099
E-mail
saul.fdez08@gmail.com

State
MD
Zip Code
20708

Cell
Fax

Addtl Info

Est Construction Cost *
15000
Construction Type
--Select--

Housing Units *
0

Number of Buildings *
0

Public Owned
No

Execute Expression "Run expression exception, please contact agency administrator." error:

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage *
200
SQFT

No of Stories *
1

Basement
Partially Finished

Bedrooms
1

Full Baths
1

Half Baths

Water *
Private

Sewage *
Private

Existing Utilities *
Electric

Existing Heating System *
Electric

Existing Sprinkler System *
None

Type of New Fireplace
--Select--

Expiration Date
4/16/2023

Fee Exempt *
☐ Yes ☒ No

PAYMENT INFORMATION

Check 1 Payee 1

Check 2 Payee 2

SAP Doc No

SAP Entered

Submit Cancel

Silvast, Zackary

From: Silvast, Zackary
Sent: Monday, November 7, 2022 10:52 AM
To: saul.fdez08@gmail.com
Subject: regarding 3420 Shady Lane

Hello Saul,

I have approved building permit number B22003771. I am writing you this e-mail to pass along this information to the property owner.

While on my site visit, I saw no signs of sewage failure which is why I approved your most recent building permit. However, drywells are considered to be an outdated form of a septic system. And what was worrisome to me was the fact that one of the drywells appeared to be completely dry. It is recommended that the property owner hire a septic contractor to evaluate the condition of the septic system. They may also be able to properly "re-connect" the two drywells. It is also possible that the current septic system only has one working drywell. On the septic record file, it shows that both should be connected.

Whatever the case may be, you should plan on a septic repair with our office in the near future. And it is recommended that both the septic tank and drywell be pumped out regularly. Sewage should never come to ground surface.

If you have any other questions or concerns feel free to e-mail or call. Thank you.

- Zack S.

Zack Silvast (LEHS)

Plan Review Supervisor - Water & Sewer Division

410-313-1777

Environmental Health Bureau

Howard County Health Department

Real Property Data Search ()
Search Result for HOWARD COUNTY

[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 04 Account Number - 330331

Owner Information

Owner Name:	MCAULIFFE CONOR T	Use:	RESIDENTIAL
	MCAULIFFE DIANA	Principal Residence:	YES
Mailing Address:	3420 SHADY LN	Deed Reference:	/21545/ 00133
	GLENWOOD MD 21738-9513		

Location & Structure Information

Premises Address:	3420 SHADY LN	Legal Description:	LOT 5 BLK B 1.020 A
	GLENWOOD 21738-0000		3420 SHADY LN
			WARFIELD ESTATES S 2

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0021	0004	0128	4010104.14	1408			5	2023	Plat Ref:

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1971	1,596 SF	1000 SF	1.0200 AC	

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
1	YES	STANDARD UNIT	BRICK/	4	2 full/1 half	1 Attached	

Value Information

	Base Value	Value	Phase-in Assessments	
		As of	As of	As of
		01/01/2020	07/01/2022	07/01/2023
Land:	245,200	245,200		
Improvements	214,800	214,800		
Total:	460,000	460,000	460,000	
Preferential Land:	0			

Transfer Information

Seller: BRUNS EDWARD L TRUSTEE	Date: 05/31/2022	Price: \$565,000
Type: NON-ARMS LENGTH OTHER	Deed1: /21545/ 00133	Deed2:
Seller: BRUNS EDWARD L	Date: 01/20/2002	Price: \$0
Type: NON-ARMS LENGTH OTHER	Deed1: /05957/ 00685	Deed2:
Seller: WALKER STEPHEN T & WF	Date: 11/06/1985	Price: \$135,000
Type: ARMS LENGTH IMPROVED	Deed1: /01403/ 00307	Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2022	07/01/2023
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00	0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:

First floor
3420 Shady Ln, Glenwood, MD 21738
Architectural scale 1/4" = 1' (1:48)

Architectural scale $1/4" = 1'$ (1:48)

[illegible]

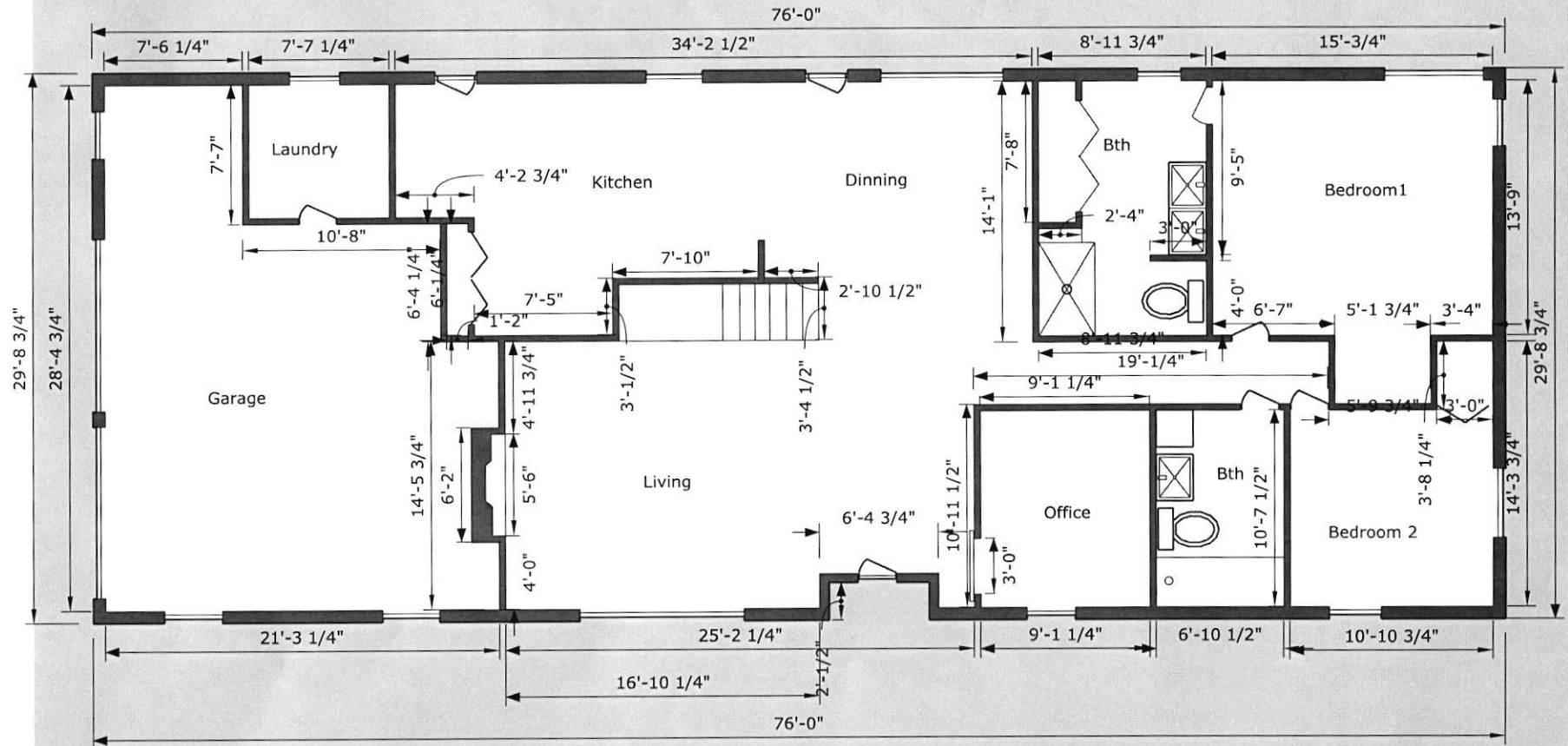
Proposed floor plan

First floor

3420 Shady Ln, Glenwood, MD 21738

Architectural scale 1/4" = 1' (1:48)

First Floor



Building Address: 3400 Shady Lane
Glenwood, MD 21738

Suite/Apt. #: _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: Enclosed porch

Estimated Construction Cost: \$ _____

Description of Work: Add Enclosed porch to
basement end through French doors
18 x 12 foot

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Edward Bruns

Address: 3400 Shady Lane

City: Glenwood State: MD Zip Code: 21738

Home Phone: 410-489-6119 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Nunley Home Improvements

Contact Person: William Nunley

Address: 9100 Grant Ave

City: Laurel State: MD Zip Code: 20723

License No.: MHC 44107

Phone: 301-490-2310 Fax: 301-490-2310

Email: billnunley@comcast.net

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: _____ Print Name: _____

Email Address: _____ Date: _____

Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

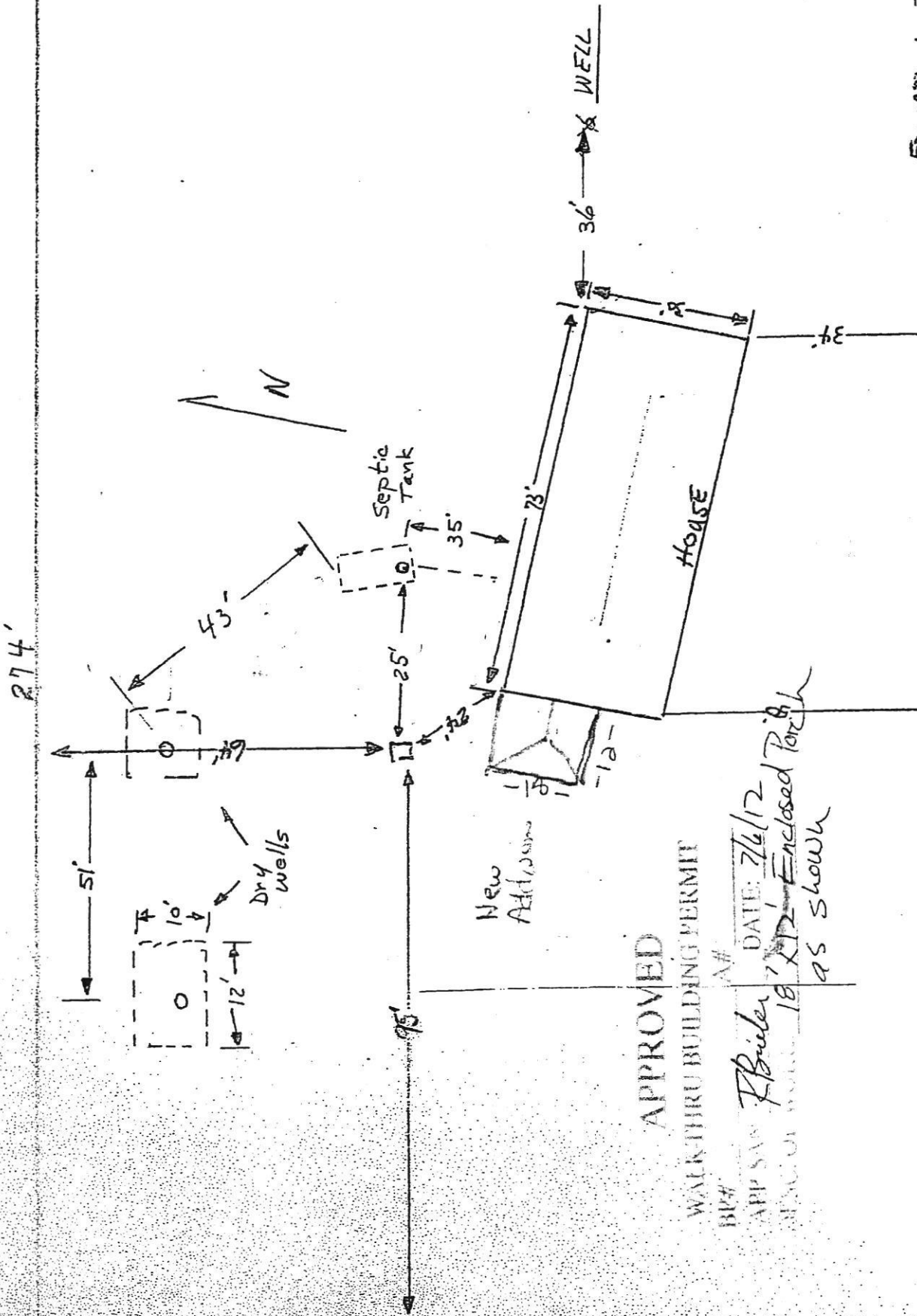
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	7/6/12	R. Bick
Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$



EDWARD L. BRUNS
3420 SHADY LANE
GLENWOOD, MD 217

272 1/2

Not to Scale

As drawn,

no failure. 9/8 11/7/2022

WR-W-4 9/70

SEQUENCE NO. 4554

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
A 14808

DATE RECEIVED (USE ONLY) 7/19/71

DEPTH OF WELL 305

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-77-0133

DRILLERS IDENTIFICATION NO. 021

OWNER Walker, STEPHEN

STREET OR RFD Sandy Lane

POST OFFICE Glenwood MD

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)

FEET

FROM TO

WELL LOG

0 10 36

10 36

36 205

6-7-71

case 18 1/2

post 18 1/2

4 bags cement

2-39 P.M. R.J.W.

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

TELEPHONE

SIGNATURE

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

YES Y NO N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 30

GALLONS OF WATER 50

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 TO 18

CASING RECORD

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW)

ST STEEL CD CONCRETE

PL PLASTIC OT OTHER

MAIN CASING TYPE ST

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 18 1/2

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET)

SCREEN RECORD

SCREEN TYPE (CIRCLE APPROPRIATE CODE BELOW)

ST STEEL OR BRASS ON BRONZE

PL PLASTIC OT OTHER

C 2

DEPTH (NEAREST WHOLE FOOT)

1 15 2 305

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 1. 2. 3. (NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F

DAY USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 5

PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17

WHEN PUMPING 22

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)

A CENTRIFUGAL P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

YES Y NO N

CAPACITY

GALLONS PER MINUTE (TO NEAREST GALLON) 31 30

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

MOVE +

BELOW -

LAND SURFACE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE, SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS, AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

HEALTH

6/1/71
if possible

71-6-2-71
day

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

P. 15975

A. 14800

ELLICOTT CITY

DISTRICT 4

DATE 5/25/71

INDEXED

Jack Frock IS PERMITTED TO INSTALL X ALTER

ADDRESS Tan Oaks Road, Glenelg, Md. PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Harfield Estates ROAD Shady Lane LOT 5, Sec. 1

PROPERTY OWNER Stephen T. Walker 725-2103

ADDRESS

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,200 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 500 sq. ft. - Locate dry well on right rear side of lot.

43' from right lot line and 98' from rear lot line. Inlet 4 1/2 ft. below

original grade. Maximum depth 10 ft. from original grade.

NOTE: CALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY Palmer Wine/Fronmelt DATE 5/25/71

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A-14800